

SERIAL NUMBER 09/133,766	FILING DATE 08/12/98	CLASS 435	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. HELM-ET-ALPC
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**APPLICANT**  
 BIRGIT ANNA HELM, BROONCHAU PARK, GREAT BRITAIN; ANNE WILSON, ANGLESEY, GREAT BRITAIN; DENISE MOREIRA-MACHADO, SHEFFIELD, GREAT BRITAIN, Christine Elaine Pollak, Sheffield, Great Britain, Andrew Camp, Sheffield, Great Britain.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
 VERIFIED This Appl. is a DIV. of 08/446760 7/17/95 which is a 371 of PCT/6843/02430 11/25/92  
yes MS

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
 VERIFIED yes MS ✓ PCT 6843/02430 11/25/92

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
 VERIFIED GREAT BRITAIN ✓ 92249564 11/28/92  
yes MS

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GB3	SHEETS DRAWING 3	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
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Verified and Acknowledged MS Examiner's Initials Initials

ADDRESS  
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 WASHINGTON, DC  
 20037-3213

**TITLE**  
 ALLERGEN/ INFLAMMATORY TESTING AND DIAGNOSIS

FILING FEE RECEIVED  \$395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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